-	Seduction Act of 188 NT APPLICAT But	ION FEE D balllule for For	ETERMINAT	ond to a gollection	of Informa RD	ation unless	l displa Applica	ugh 7/81/2008, DEPARTMENT IVE & Valid OME allon of Dookel	OF COMMI
•	LICATION AS	FILED - PAR					10	1706	2016
	(Column 1	1)	(Column 2)	SM.	SMALL ENTITY		O R	OTHER THAN SMALL ENTITY	
FOR BASIC FEE	NUMBER FI	LED . N	IUMBER EXTRA	RATE	\$1. 6	DC (4)	ſ		ENTITY
(67 OFR 1.18(a), (b), or (d)) 6EARCH FEE					*/	EE (\$)	1	RATE (\$)	FEE
PY OFR 1.16(K), (I), or (III)) EXAMINATION FEE	-		P.				ŀ		
OTAL OI AIMS				7	_		-		
17 CFR 1.16(II) NDEPENDENT CLAIMS	minu	16 20 = ·		x 29	, -		-		
87 CFR 1.16(h))	min	* = 8 e)	1	7,87	-		OR :	x 57 _	t
PPLICATION SIZE	If the specification sheets of paper is \$250 (\$125 f	on and drawin	gs exceed 100	- × /00				300=	
EE 17 OFR 1.16(s))	16 \$250 (\$125 fo	or small entity)	n size fee due for each		.		ŀ		
	additional 50 sh 35 U.S.C. 41(a)	ting and sti	OFR 1.16(s).						
ULTIPLE DEPENDENT	CLAIM PRESENT (3	7 CFR-1.16(0)		180			-		
If the difference in column 1 is less than zero, enter '0' in column 2						٠. لــ	360		
	TON AS AMEN			TOTAL	<u> </u>			TOTAL	
くんへ ヘム・	lumn 1)				:		•		
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.]	MAINING FTER	NUMBER PREVIOUSLY	PŘESENT EXTRA	RATE (\$)	ADD		1	SMALL EN	*
Total :	NDMENT Minus	PAID FOR	-		TION	AL (\$)	Ν.		ADDI- TIONAL
Independent (37 CFR L16(N))	Minus		-	x 025 =		OF	·	50	FEE (\$)
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Application Size Fee (ENT CLAIM GT C	ÉH 1 16(0)	100			-		
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FIRST PRESENTATION (F MULTIPLE DEPEND	•	;	TOTAL ADD'L FEE	1	OR OR	TOT		
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(Cole CL REM	F MULTIPLE DEPEND ITM 1) AIMS AIMING TER	(Column 2) HIGHEST NUMBER PREVIOUSLY	;	TOTAL	ADDI-	OR	TOT	AL PL FEE	ADOL
(Coling Coling C	F MULTIPLE DEPEND imn 1) AIMS AINING	(Column 2) HIGHEST NUMBER	(Column 3) PRESENT	TOTAL ADD'L FEE	ADDI- TIONA FEE (\$	OR	TOT	AL PL FEE	ADDI- IONAL EE (\$)
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(Cote CL REM AF AMEN Total 4 104 104 116(N)	ITM 1) AIMS AIMING TER DMENT Minus CFR 1.16(s))	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	TOTAL ADD'L FEE RATE (\$)	TIONA	OR OR	TOT ADD	AL PL FEE	IONAL

* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 97 OFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.